



COMPEER PROGRAM VOLUNTEER APPLICATION

3701 Latrobe Drive, Suite 140
Charlotte, NC 28211
Phone – 704.365.3454
Fax – 704.365.9973

Compeer®

Mental Wellness Starts With Friendship

COMPEER VOLUNTEER APPLICATION

Please Return To:
**Mental Health America
of Central Carolinas (MHA)**
3701 Latrobe Drive, Suite 140
Charlotte, North Carolina 28211
Telephone: 704.365.3454 Fax: 704.365.9973

Volunteers must be at least 18 years old. They must also submit to a background check including their criminal history. Any individual who is included in the Sexual Abuse Registry will be precluded from volunteering in Compeer. Mental Health America's Compeer Program provides friends for Individuals referred by mental health professionals from the Behavioral Health of Mecklenburg County and its case management contract agencies. Mental Health America/Compeer does not discriminate based on race, creed, color, religion, gender, national origin, nor marital or veteran status. Mental Health America/Compeer is aware of the sensitive nature of some of the questions on the application form and during the interview process. It has been the agency's experience that having as much information as possible about each individual increases the ability to match people successfully. **Any and all information is kept confidential.**

1. Name: _____ Veteran Y/N
2. Address: _____ City: _____ State: _____ Zip: _____
3. Marital Status: _____ Children: _____
4. Home Phone: _____ Work Phone: _____ Mobile: _____
5. Email Address: _____
6. Date of Birth: _____ Gender: _____ Pronouns: _____
7. Race/Cultural Identity: _____
8. Employer: _____
9. Occupation/Title: _____
10. Education: _____
11. Previous volunteer experience: _____
10. Do you have access to transportation? If so, what type? _____
11. Do you have any current medical/psychological conditions or physical limitations which would affect your volunteering with Compeer? If so, please describe: _____

12. How did you learn about Compeer? _____
13. How often can you volunteer? (Once/two weeks Once/week More than once a week
14. I am interested in the following Compeer Programs (Check all that apply)
_____ One-to-One _____ Group Social Events _____ Administrative Support
15. **Emergency Contact Information**
Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone (Day): _____ Phone (Evening): _____

REFERENCES

Please provide us with your employment history, including names of supervisors. Depending on your length of employment, one or more supervisors will be contacted for a character reference. We require two professional references and two personal references that can comment on your ability to serve as a volunteer. **The reference cannot be a relative or reside in the same household and must have known you for at least one year.**

Please list your last 2 employers beginning with your current employer. (If **retired**, please list last employer). **For full-time students**, please provide 2 references from your school experience). Please list 2 personal references.

Employer: _____ From: _____ To: _____

Supervisor: _____ Address: _____

Daytime Phone: () _____ City: _____ State: _____ Zip Code: _____

Email: _____

Employer: _____ From: _____ To: _____

Supervisor: _____ Address: _____

Daytime Phone: () _____ City: _____ State: _____ Zip Code: _____

Email: _____

PERSONAL REFERENCES

Personal Reference: _____ Daytime Phone: () _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email Address: _____

Length of Association: _____ Nature of Relationship: _____

Personal Reference: _____ Daytime Phone: () _____

Address: _____ City: _____ State: _____ Zip Code: _____ Email

Address: _____

Length of Association: _____ Nature of Relationship: _____

BACKGROUND INFORMATION

All volunteer applicants are screened carefully. Cooperation in completing this form is greatly appreciated. A "yes" to any question does not necessarily disqualify an applicant from becoming a Compeer volunteer. **Any and all information is kept confidential.**

Name: _____

Household Income: \$0 to \$9,999 \$10,000 to \$14,999 \$15,000 to \$24,999
\$25,000 to \$34,999 \$35,000 to \$49,999 \$50,000 to \$74,999
\$75,000 to \$99,999 \$100,000 to \$149,999 \$150,000 to \$199,999
\$200,000 or more

Do you have a current driver's license? (Please Circle) Yes No

If yes, State and License # _____

Has your license ever been suspended? (Please Circle Yes No

state of _____ Explain _____

Do you have auto insurance? Yes No Agency _____

Have you ever been convicted of a crime (except minor traffic violations)? Yes No

Describe nature of the crime, date of charge, and disposition:

Are there any misdemeanor/felony charges pending against you currently? Yes No

Describe nature of charge _____

I certify that the above information is accurate, and I give the Compeer program my permission to verify this information with the appropriate agencies.

Volunteer's Signature: _____ **Date:** _____

Witness's Signature: _____ **Date:** _____

NOTE: Please remember to bring your driver's license and proof of auto insurance to your interview appointment.

COMPEER VOLUNTEER/CONFIDENTIALITY AGREEMENT

Please initial each statement below and sign on the line provided:

_____ I understand and fully acknowledge that in volunteering for Compeer, I am entering an **AT WILL** relationship and that Compeer or I can terminate this relationship anytime.

_____ I further understand by signing this agreement, I give permission to Compeer to contact references and to check driving and/or criminal background. I understand that I may have to give additional information to Compeer to secure such records.

_____ It is my understanding that all information I provide to Compeer is true and complete to the best of my knowledge and will be kept in confidence by Mental Health America of Central Carolinas. I understand that giving false information may be the cause for immediate dismissal.

_____ I further understand that I will be asked to undergo training.

_____ I understand that, as a volunteer, I will help my Compeer friend to the best of my ability in accordance with the policies of Mental Health America of Central Carolinas. I further understand that submission of a complete application, along with an interview by a Compeer staff person, does not obligate me to accept nor Compeer to assign a volunteer opportunity.

_____ I will maintain complete confidentiality concerning all information on Compeer friends.

_____ I defend, indemnify, and hold harmless Mental Health America of Central Carolinas from all liability, personal injury, loss or damage whatsoever from any cause which may arise from activities on behalf of Mental Health America of Central Carolinas.

Volunteer's Signature: _____

Date: _____

Witness's Signature: _____

Date: _____

Mental Health America of Central Carolina’s Compeer Program provides friends for individuals referred by mental health professionals. Compeer does not discriminate based on race, creed, color, religion, gender, national origin, nor marital or veteran status. Compeer is aware of the sensitive nature of some of the questions on the application form and during the interview process. It has been the agency’s experience that having as much information as possible about everyone increases the ability to match people successfully. All information is kept confidential.

Name: _____

Interest

Please check any skills, interests, activities, or hobbies:

Interests, Activities, Hobbies		
<input type="checkbox"/> Arts:	<input type="checkbox"/> Sports:	<input type="checkbox"/> Movies:
<input type="checkbox"/> Crafts:	<input type="checkbox"/> Outdoor Activities:	<input type="checkbox"/> Drama:
<input type="checkbox"/> Sewing:	<input type="checkbox"/> Gardening:	<input type="checkbox"/> Games:
<input type="checkbox"/> Reading:	<input type="checkbox"/> Fitness Activities:	<input type="checkbox"/> Music:
<input type="checkbox"/> Animals:	<input type="checkbox"/> Dancing:	<input type="checkbox"/> Shopping:
<input type="checkbox"/> Self-Image Enhancement	<input type="checkbox"/> Volunteering:	<input type="checkbox"/> Computers
<input type="checkbox"/> Collecting:	<input type="checkbox"/> Cooking/nutrition	<input type="checkbox"/> Budgeting/Checkbook

Other

1. Civic Club Memberships (Please list): _____

2. Foreign Languages (Please list): _____

3. Sign Language Yes No

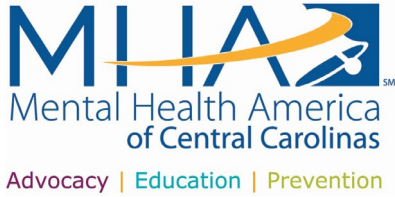
4. Do you smoke: _____ Does it matter to you if referral smokes? _____

5. Is it important that your friend be of a specific religion or ethnic background? _____

If so, please specify: _____

6. Is it important that your friend be a specific age? Yes No

If so, please circle all that apply: 18-29 30-39 40-49 50-59 60-69 70+



Participation Waiver

In consideration for participating in any Compeer Event, I assume responsibility for all my actions while at Mental Health America of Central Carolinas, traveling to and/or from any such facility, or engaged in an activity under the supervision of my adult team leader, and/or the Mental Health America of Central Carolinas, ParentVOICE and Compeer program staff and volunteers.

Furthermore, I will not hold Mental Health America of Central Carolinas, ParentVOICE and Compeer programs, the Board of Directors and their officers, employees and agent and volunteers for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

I am signing this Agreement freely, voluntarily, and competently and am at least eighteen (18) years of age.

Signature of Participant

Printed name

Date

Parent or Guardian Consent Form

I, the parent, or guardian of _____, give my voluntary consent to his/her participation in the Mental Health America of Central Carolinas, ParentVOICE and Compeer programs.

I hereby release Mental Health America of Central Carolinas, the State of North Carolina, the Board of Directors, and their officers, employees, and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above as stated and its agents will make every effort to contact parent/guardians immediately if necessary.

Furthermore, I release Mental Health America of Central Carolinas, the State of NC, the Board of Directors and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named.

Signature of Parent/Guardian

Date

Printed Name of Parent

(____)_____
Parent's Phone Number